## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



L'LORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$43939

(5)

| BILMA   | R SALES, INC.   | · · ·                       |  |  |  |
|---|---|-----------------------------|--|--|--|
| Principal Plac  | ce of Business  | Mailing Address             | · · · · · · · · · · · · · · · · · · ·  |  | ı BIBLI OFDIF OLDEN BEBLI OEDII ÖYDIN LOGI |
| 11817 WOODSONG CT 11817 WOODSONG CT BOCA RATON FL 33428 BOCA RATON FL 33428 US US |   |                             |  | DO NOT WRITE   | IN THIS SPACE                              |
|   |   |                             |  | 3. Date Incorporated or Qualified  |  |
|   |   |                             |  | 04/09/1991   |  |
| 2. Principal Place of Business 2a, Mailing Address                                |   |                             | 4. FEI Number  | Applied For  |  |
| 21 26   |   | · · · · · · · · · · · · · · | 65-0255430   | Not Applicable   |  |
| Suite, Apt. #, etc.   |   |                             | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
| 22         27           City & State         City & State                         |   |                             |  | ·····  |  |
| 23 28   |   | <u>├</u> ┐ '                |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees                |
| Zip   | Country   | 7ip                         | Country  | 8. This corporation owes or has pair   |  |
| 24  | 25  | 29                          | 30   | Personal Property Tax due June   |  |
|   | g. Name and Address of Cu   |                             | 1201   | 10. Name and Address of New Reg  |  |
| BI  | LTIS, MARVIN  |                             | 81 Name  |  |  |
|   | 817 WOODSONG CT   |                             | 82 Street Ac   | dress (P.O. Box Number is Not Acceptable   |  |
|   | DCA RATON FL 33428  |                             | OZ Sheet AC  | odress (F.O. Dox Nomber is Not Acceptable  | 6)   |
|   |   |                             | 83   |  |  |
|   |   |                             | 84 City  |  | 85 Zip Code                                |
|   |   |                             | 84 City  |  | FL 85 Zip Code                             |
| office or<br>agent. I   | registered agent, or both, in the Sam familiar with, and accept the o |                             | as authorized by the corpo, Florida Statutes.  NOTE: Registered Agont signature re | orporation submits this statement for the puration's board of directors. I hereby accept<br>quired when reinstaling) | t the appointment as registered            |
| 12.   | OFFICERS  | AND DIRECTORS               | 13.  | ADDITIONS/CHANGES TO OFFICE  |  |
| TITLE   | D   | DELETE                      | 13 TITLE   |  | Change Addition                            |
| NAME  | <b>BIL</b> TIS, MARVIN  |                             | 1.2 NAME   |  |  |
| STREET ADDRESS  | 11817 WOODSONG CT   |                             | 1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | BOCA RATON FL   |                             | 1.4 CITY-ST-ZIP  |  |  |
| TITLE   | 8   | DELETÉ                      | 2.1 TITLE  |  | Change Addition                            |
| NAME  | <b>BILTIS, LINDA</b>  |                             | 2.2 NAME   |  |  |
| STREET ADDRESS  | 5114 NW 59TH WAY  |                             | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | CORAL SPRINGS FL  | Doctor                      | 2 4 CITY-ST-ZIP  |  | D 05 D 4450                                |
| TITLE   |   | DELETE                      | 3.1 TITLE  |  | Change  Addition                           |
| NAME  |   |                             | 3 2 NAME   |  |  |
| STREET ADDRESS  |   |                             | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |   | T DELETE                    | 3.4. CITY-ST-ZIP   |  | Change Addition                            |
| TITLE   |   | ☐ DELETE                    | 4 1 TITLE  |  | Change Addition                            |
| NAME<br>OTOTET ADDDESS  |   |                             | 4. 2 NAME  |  |  |
| STREET ADDRESS  |   |                             | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                      | 4.4 CITY-ST-ZIP<br>5.1 TITLE   |  | Change Addition                            |
|   |   | F" percit                   | 5.2 NAME   |  | C vienge C Addition                        |
| NAME<br>OTDEET ADDRESS  |   |                             | 5.2 NAME<br>5.3 STREET ADDRESS   | •  |  |
| STREET ADDRESS  |   |                             |  |  |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                      | 5 4 CITY-ST-ZIP<br>6 1 TITLE   |  | Change Addition                            |
| NAME  |   |                             | 6.2 NAME   |  |  |
| STREET ADDRESS  |   |                             | 63 STREET ADDRESS  |  |  |
| SIREEI ADURESS  |   |                             | 6.3 STREET ADDRESS   |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report in suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or further exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment of the complete stated in Section 119.07(3)(ii).

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**FILED** 

Apr 24 1998 8:00am

Secretary of State